Only

STATEMENT OF

PAGE 1 / 10 ·

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FRIENDS OF TODD YOUNG, INC. PO BOX 3743 ADDRESS (number and street) (Check if address is changed) **CARMEL** 46082 IN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS FOTY@BROGHAMERLLC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.TODDYOUNG.ORG (Check if address is changed) DATE 2022 C00459255 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. WUSLICH, JEFF, , , Type or Print Name of Treasurer WUSLICH, JEFF, , , [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| E | EC Form 1 (Revised 03/2022) | Page 2 |
|---|---|-----------------------|
| | TYPE OF COMMITTEE: | |
| | Candidate Committee: | |
| | (a) This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) | candidate |
| | Name of Candidate YOUNG, TODD, CHRISTOPHER, , | |
| | Candidate Party Affiliation REP Office Sought: House X Senate President | State IN District 00 |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | Party Committee: | |
| | (d) This committee is a (National, State or subordinate) committee of the Republican, e | tc.) Party |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | organization is a: |
| | Corporation Corporation w/o Capital Stock Labor Org | anization |
| | Membership Organization Trade Association Cooperative | /e |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) | fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| | (g) This committee is an independent expenditure-only political committee (Super PAC). | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC |). |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | Joint Fundraising Representative: | |
| | (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political |
| | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political |
| | Committees Participating in Joint Fundraiser | |
| | 1 | |

| | FEC Form 1 | I (Revised 0 | 2/2009) | | | | F | Page 3 |
|----|--------------------------------------|---------------|----------------------------|------------------|--------------------|------------------|-----------------|------------------|
| W | rite or Type Comm | | | | | | | |
| | FRIEND | <u>S OF 1</u> | ODD YOUNG | <u>, INC.</u> | | | | |
| 6. | = | | ganization, Affiliated Com | mittee, Joint Fu | ndraising Repre | esentative, or | Leadership PA | AC Sponsor |
| | YOUNG VIC | JORY C | OMMITTEE | | | | | |
| | | | | | | 1 1 1 1 | 1 1 1 1 1 | |
| | | | | | | | | |
| | Mailing Address | | PO BOX 3743 | | | | | |
| | | | | | | | | |
| | | | CARMEL | 1 1 1 1 1 1 | I | IN | 46082 | I-I , , , |
| | | | СП | Y ▲ | | STATE ▲ | ZIP C | ODE A |
| | Relationship: | Connected | Organization Affiliated O | rganization 🗶 | Joint Fundraising | ı Renresentative | | ship PAC Sponso |
| | riciationship. | Connected | Organization Anniated O | rgariization 👗 | John Tunuraising | riepiesemanive | Leader | ship i AO Oponso |
| | | | | | | | | |
| 7. | Custodian of Red books and record | | fy by name, address (phone | number optiona | al) and position o | of the person in | possession of o | committee |
| | books and roosid | | | | | | | |
| | Full Name | WUSLICH, | JEFF,,, | | | | | |
| | ruii Name | | PO BOX 3743 | | | | | |
| | Mailing Address | | | | | | | |
| | | | | | | | | |
| | | | CARMEL | | | LIN | 46082 | |
| | | | CIT | Y 🛦 | | STATE ▲ | ZIP C | ODE A |
| | Title or Position | ▼ | | | | | | |
| | TREASURER | 1 1 1 1 | | ₁ | Telephone num | nher | I-I | I-I |
| | | | | | releptione nan | | | |
| 3. | Treasurer: List th | ne name and | l address (phone number | optional) of the | treasurer of the | committee; an | d the name an | nd address of |
| | | | ssistant treasurer). | . , | | | | |
| | Full Name | WUSLICH, | JEFF, , , | | | | | |
| | of Treasurer | | | | | | | |
| | Mailing Address | | PO BOX 3743 | | | | | |
| | | | | | | | | |
| | | | CARMEL | | | IN | 46082 | - |
| | | | | -Y ▲ | | STATE ▲ | 710 0 | ODE A |
| | Title or Position | 7 | GII | 1 🛋 | | SIAIE A | ZIP C | ODE A |
| | TREASURER | | | . 1 | | . 1 | 1.1 | 1 1 |
| | | | | | Telephone num | nber | |]-[|

| FEC Form 1 (Revised 02/2009) | |
|--|--------------------|
| Full Name of BROGHAMER, KEVIN, , , Designated Agent | |
| Mailing Address PO BOX 3743 | |
| | |
| CARMEL IN 46082 | |
| CITY ▲ STATE ▲ Title or Position ▼ | ZIP CODE ▲ |
| ASSISTANT TREASURER Telephone number | |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, hold safety deposit boxes or maintains funds. | ds accounts, rents |
| Name of Bank, Depository, etc. | |
| CHAIN BRIDGE BANK 11445-A LAUGHLIN AVENUE | |
| Mailing Address MCLEAN VA 22101 | |
| CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Depository, etc. | |
| TRUIST | |
| Mailing Address 1445 NEW YORK AVE NW | |
| 4TH FLOOR | |
| WASHINGTON DC 20005 | |
| CITY ▲ STATE ▲ | ZIP CODE ▲ |

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| 5(g) d | or(h). Joint Fundraisin | g Participant: | | |
|--------|---|--|---|--------|
| (0) | 1. | | FEC ID number | |
| | 2. | | FEC ID number | |
| | 3. | | FEC ID number | |
| | 4. | | FEC ID number | |
| | | | | |
| 6. | = | _ | Iraising Representative, or Leadership PAC Spon | sor |
| | CORNYN VICTOR | TOWNSTITE | | |
| | | | | |
| | Mailing Address | PO BOX 13026 | | |
| | | | | |
| | | AUSTIN | TX 78711 | 1 1 |
| | Relationship: | CITY ▲ | STATE ▲ ZIP CODE ▲ | |
| | Connector | d Organization | nt Fundraising Representative Leadership PAC Sp | noncor |
| 8. | Full Name | by name, address (phone number – optional) | | |
| | Mailing Address | | | |
| | | 1 | | 1 1 |
| | | | | |
| | TITLE OR POSITION | _ CITY ▲ | STATE ▲ ZIP CODE ▲ | |
| | IIILE ON POSITION | 1 | Telephone Number | |
| | | | | |
| 9. | Banks or Other Depositor safety deposit boxes or ma | | the committee deposits funds, holds accounts, ren | ts |
| | Name of Bank, Depository, etc. | OF AMERICA | | 1 1 |
| | | 600 N WASHINGTON ST | | |
| | Mailing Address | | | |
| | | | | |
| | | . AL EYANDRIA | | |
| | | ALEXANDRIA CITY | VA 22314 - | |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

| anks or Other Depositor defety deposit boxes or material boxes or material boxes or material boxes. Mailing Address | | s or other depositories in | which the commi | ttee deposi | ts funds, holds accounts, ren |
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| anks or Other Depositorafety deposit boxes or management of Bank, repository, etc. | | s or other depositories in | which the commi | ttee deposi | ts funds, holds accounts, ren |
| anks or Other Deposito afety deposit boxes or ma | | s or other depositories in | which the commi | ttee deposi | ts funds, holds accounts, ren |
| anks or Other Deposito | | s or other depositories in | which the commi | ttee deposi | s funds, holds accounts, ren |
| TITLE OR POSITION | | | | | |
| TITLE OR POSITION | | | • | | |
| TITLE OR POSITION | · | | Telephone N | umber | |
| | | CITY A | | STATE A | ZIP CODE ▲ |
| | | | | | |
| | | | | | <u> </u> |
| Mailing Address | | | | | |
| Full Name | | | | | |
| esignated Agent: Identify | y by name, addres | ss (phone number – option | nal) | | |
| Connected | d Organization | Affiliated Committee | Joint Fundraisin | g Represent | ative Leadership PAC S |
| Relationship: | | CITY 🛦 | | STATE A | ZIP CODE ▲ |
| | ARLINGTON | | , , , , I | VA | 22219 |
| | | | | | |
| Mailing Address | PO BOX 9891 | | | | |
| | | | | | |
| TAKE BACK THE | SEINATE | | | | |
| | _ | iliated Committee, Joint | Fundraising Re | oresentativ | e, or Leadership PAC Spon |
| 4. | | | | | |
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| | | | | O number | C |
| 3. | | | | O number | C |
| 2. | | | . I FFC II | 0 number | |

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| 5(g) | or(h). Joint Fundraisin | g Participant: | | |
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| | 1. | | FEC ID number | C |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | C |
| | | | | |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representative | e, or Leadership PAC Sponsor |
| | LANKFORD YOU | NG VICTORY COMMITTEE | | |
| | | | | |
| | | | | |
| | Mailing Address | 228 S. WASHINGTON ST. | | |
| | | STE. 115 | | |
| | | ALEXANDRIA | VA | 22314 |
| | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee X Joint | Fundraising Representa | ative Leadership PAC Sponsor |
| | Comidated | 7 illinated Committee | ranaraloning representa | 20ddoronip 17to oponoon |
| | | | | |
| 8. | Designated Agent: Identify | by name, address (phone number - optional) | | |
| 8. | Designated Agent: Identify Full Name | by name, address (phone number – optional) | | |
| 8. | | by name, address (phone number – optional) | | |
| 8. | Full Name | by name, address (phone number – optional) | | |
| 8. | Full Name | by name, address (phone number – optional) | | |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | STATE A | ZIP CODE A |
| 8. | Full Name | CITY A | | ZIP CODE A |
| 8. 9. | Full Name Mailing Address TITLE OR POSITION | CITY A Te ies: List all banks or other depositories in which | lephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor | CITY A Te ies: List all banks or other depositories in which | lephone Number | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, | CITY A Te ies: List all banks or other depositories in which | lephone Number | |
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FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

| Name of Bank, | (h). Joint Fundrais | ing Participant: | | |
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| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot FRIENDS OF MITT JOINT FUNDRAISING COMMITTEE Mailing Address 138 CONANT STREET, SECOND FLOOR BEVERLY Relationship: CITY A STATE A ZIP CODE A Title OR POSITION CITY A STATE A ZIP CODE A Telephone Number Title OR Popositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc. | 3. | | FEC ID number | С |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spc FRIENDS OF MITT JOINT FUNDRAISING COMMITTEE Mailing Address 138 CONANT STREET, SECOND FLOOR BEVERLY Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR Positories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc. | 4 | | FEC ID number | C |
| FRIENDS OF MITT JOINT FUNDRAISING COMMITTEE Mailing Address 138 CONANT STREET, SECOND FLOOR BEVERLY CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization | | | | |
| Mailing Address 138 CONANT STREET, SECOND FLOOR | = | _ | | e, or Leadership PAC Spons |
| BEVERLY Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | FRIENDS OF M | TT JOINT FUNDRAISING COMN | 11TTEE | |
| BEVERLY Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | | | | |
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| Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc. | Mailing Address | | | |
| Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Telephone Number Telephone Number Telephone Number STATE A ZIP CODE A Telephone Number | | | | |
| Connected Organization | | BEVERLY | MA | 01915 |
| Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Stafety deposit boxes or maintains funds. Name of Bank, Depository, etc. | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | Full Name | | | |
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| Telephone Number | Mailing Address | | | |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc. | Mailing Address | | | |
| Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | CITY ▲ | STATE A | ZIP CODE A |
| safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | TITLE OR POSITIO | N V | | ZIP COD |
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| ny Connected O | rganization, Affilia | ted Committee, Joint | Fundraising Rep | resentative | e, or Leadership PAC Spor |
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| | 228 S WASHINGT | ON STREET | | | |
| g Address | | | | | |
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| h). Joint Fundraisi | 3 | | |
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| 1. | | FEC ID number | C |
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| ame of Any Connected THUNE YOUNG | l Organization, Affiliated Committee, Joint Fundr VICTORY | raising Representative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | |
| J | SUITE 115 | | |
| | ALEXANDRIA | VA I | 22314 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | t Fundraising Representa | Leadership PAC Sp |
| | Affiliated Committee Joint Joint by by name, address (phone number – optional) | t Fundraising Representa | Leadership PAC Sp |
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| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
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